



City of Kansas City, Missouri Human Relations Department

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Kansas City, Missouri 64106
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SMALL LOCAL BUSINESS ENTERPRISE ANNUAL UPDATE

This annual update form is required by The City of Kansas City, Missouri in order to keep your SLBE eligibility status. When submitting this form you are *required* to enclose the following:

- Most recent Federal Income Tax Returns, Personal and Business
- Signed and notarized the SLBE Certification Affidavit
- Documentation from the attached Document Request Checklist

GENERAL INFORMATION

Name of Firm:	
Street Address:	
Mailing Address:	
City:	State: Zip:
Owner of Firm:	Telephone Number:
Describe the primary business activity of the firm:	
Person preparing this application:	For purpose of receiving notices from KCMO -
Title:	Fax: E-mail:

OWNERSHIP

Items such as amendments to any corporate by-laws or partnership agreements, transfers or issuance of stock, changes in management personnel or corporate officers, etc. should be enclosed. Note: failure to disclose all information concerning the control and ownership of the firm may lead to decertification of the firm.

Attach additional sheets if necessary.

Have there been any changes in the ownership structure of the company in the past year?	YES	NO
Please check what structure the company is currently using below.		
Sole Proprietorship	Partnership	Corporation Other _____

List equipment purchased or leased in the past year with value greater than \$1,000.00

Type of Equipment	Make	Model	Year	Date Acquired	Present Value

List five largest contracts completed in past year.

Owner/Contractor	Phone	Contract Amount	Project Name/Location	Type of Work Performed

Have you acquired any personal assets or liabilities in the last year? _____ YES _____ NO

If answered "YES", list details below: Note: Attach proof of change in assets or liabilities.

Description	Acquired/Sold	Names on Assets	Liabilities Against Asset	Value of Asset

SLBE CERTIFICATION AFFIDAVIT

State of _____)
) ss.
County of _____)

We, the undersigned officers of the afore-mentioned firm agree to the following conditions:

To abide by all of the rules and regulations governing the certification process hereafter.

(Note: If, after filing this application, and prior to the expiration of your certification, there is any change in the ownership and/or management of this firm, you must notify the Kansas City, MO Human Relations Department in writing within thirty days after the change. Failure to comply with this requirement may lead to a loss of certification.)

I _____ am seeking certification as a Small Local Business Enterprise with the Kansas City, Missouri Human Relations Department.

The department has the right to conduct an on-site review of the firm's operations, as well as audit and examine the company's books and review contracts, company structure, facilities and to request whatever additional information it deems necessary from time to time, in order to monitor the status of the company, if the firm is certified by the department as a bona-fide SLBE.

Furthermore, the undersigned, swear under oath, the foregoing statements and application contents are true and complete, and include all material and information necessary to identify the firm as a SLBE with the Kansas City MO Human Relations Department as well as identifying all current owners, directors, officers or members of the firm.

That the department may deny or rescind certification after applying its own procedures if, during or after the certification process it finds that the undersigned have submitted false, inaccurate, or misleading information.

Any material omission or misrepresentation will be grounds for terminating the eligibility of this firm as a certified or qualified SLBE, as well as any contract which may have been awarded upon those programs, and for initiating action under City and/or Missouri civil and/or criminal laws concerning false affidavits, false statements or declarations, perjury, fraud, stealing by deceit, or other applicable offenses. (Making a false affidavit is a misdemeanor. See Section 575.050, RsMo 1986.)

*Signature		*Signature	
Printed Name		Printed Name	
Title		Title	
Date		Date	

*Must be signed by at least one officer if a Corporation; one partner if a Partnership; or the proprietor if a Sole Proprietorship.

NOTARY PUBLIC

On this _____ day of _____, 20 _____, before me appeared _____

and _____ who, being duly sworn, did execute the fore-going affidavit, and did state they were properly authorized by the above-named SLBE firm to execute this affidavit, and that they did so as their free act and deed.

Signed, _____, Notary Public

My Commission expires: _____

The Area Below Is Provided For Additional Information Pertaining To Any Questions Listed In This Application. Also, Describe Any Changes To The Management, Ownership Or Control Of The Firm Which Occurred In The Past Year. Include Such Items As Amendments To Any Corporate By-Laws Or Partnership Agreements, Transfers Or Issuance Of Stock, Changes In Management Personnel Or Corporate Officers, Etc. Please Be Specific And Detailed.

Note: Failure To Disclose All Information Concerning The Control And Ownership Of The Firm May Lead To Decertification Of The Firm.

SLBE DOCUMENT REQUEST CHECKLIST

(Attach All Documents to This Form)

ALL FIRMS

1. Copy of business federal income tax returns for the past year.
2. Copies of personal federal income tax returns for the past year.
3. End of year Balance Sheets and Income Statements for the last year
4. Current Licenses/Permits Required to Provide Service or Product (i.e., Trades, Professional Licenses, Business and Contractor's Licenses)
5. Copy of KCMO Business License for current year
6. Copies of Contracts or invoices for services that you perform (3 for each scope of work)
7. Current Copy of Employee Payroll

FOR CORPORATIONS ONLY

1. Minutes of all stockholders and board of directors meetings for the last year

FOR PARTNERSHIPS ONLY

1. Any amendments to the most recent partnership agreement made within the last year

ADDITIONAL DOCUMENTATION MAY BE REQUIRED AFTER FURTHER ANALYSIS